

<i>SERFF Tracking Number:</i>	<i>PNMC-125632534</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MMP08-036</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>AR Auto Dec 0508</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: AR Auto Dec 0508

SERFF Tr Num: PNMC-125632534 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: MMP08-036

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Marsheelah Preston

Disposition Date: 05/08/2008

Date Submitted: 05/02/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (Renewal): 05/01/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/08/2008

State Status Changed: 05/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review and approval the attached Declarations and Supplementary Schedule Forms.

71 0153 0508 Garage Coverage Form Non-Assessable Previously filed and approved; updated to include specific language for Virginia.

71 0154 0508 Garage Coverage Form (Cont'd) Previously filed and approved; updated to include specific language for

<i>SERFF Tracking Number:</i>	<i>PNMC-125632534</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MMP08-036</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>AR Auto Dec 0508</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Virginia.

All of the above changes will be applicable to policies effective on and after May 1, 2008.

## Company and Contact

### Filing Contact Information

Marsheelah Preston, Senior Underwriting Technician	mpreston@pnat.com
2 N. Second St.	(717) 234-4941 [Phone]
Harrisburg, PA 17105-2361	(717) 255-6327[FAX]

### Filing Company Information

Pennsylvania National Mutual Casualty Insurance Company	CoCode: 14990	State of Domicile: Pennsylvania
2 N. Second St.	Group Code: 271	Company Type: P&C
PO Box 2361		
Harrisburg, PA 17105-2361	Group Name: Penn National Insurance	State ID Number: 03
(717) 234-4941 ext. [Phone]	FEIN Number: 23-0961349	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	forms = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$50.00	05/02/2008	20066072

SERFF Tracking Number:	PNMC-125632534	State:	Arkansas
Filing Company:	Pennsylvania National Mutual Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	MMP08-036		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	AR Auto Dec 0508		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/08/2008	05/08/2008

<i>SERFF Tracking Number:</i>	<i>PNMC-125632534</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MMP08-036</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>AR Auto Dec 0508</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 05/08/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PNMC-125632534	State:	Arkansas
Filing Company:	Pennsylvania National Mutual Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	MMP08-036		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	AR Auto Dec 0508		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form comparison	Approved	Yes
Form	Garage Coverage Form Non-Assessable	Approved	Yes
Form	Garage Coverage Form (Cont'd)	Approved	Yes

SERFF Tracking Number: PNM-125632534 State: Arkansas  
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: MMP08-036  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
 Product Name: AR Auto Dec 0508  
 Project Name/Number: /

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Garage Coverage Form Non-Assessable	71 0153	0508	Declaration Replaced s/Schedule	Replaced Form #: 71 0153 1203 Previous Filing #: AR-PC-07-026429		0153_0508.pdf
Approved	Garage Coverage Form (Cont'd)	71 0154	0508	Declaration Replaced s/Schedule	Replaced Form #: 71 0154 1203 Previous Filing #: AR-PC-07-026429		0154_0508.pdf

## DECLARATIONS

POLICY NO:

GARAGE  
COVERAGE FORM  
NON-ASSESSABLEPENN NATIONAL  
INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

- ☐ PA NATIONAL MUTUAL CAS. INS. CO.  
☐ PENN NATIONAL SECURITY INS. CO.

BRANCH OFFICE		IN LIEU OF	
ITEM ONE	Insured's Name and Mailing Address (If Individual, Last Name First)		COMPANY USE ONLY
		COMPANY USE ONLY	
POLICY PERIOD: From: To: 12:01 A.M. Standard Time at your mailing address shown above.			
A G E N C Y			AGENCY NUMBER
			ISSUING DATE
			PRODUCER I.D.

FORM OF BUSINESS: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ OTHER

NAMED INSURED'S BUSINESS:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS	LIMIT			PREMIUM	
		Each "Accident" "Garage Operations"	Aggregate- "Garage Operations"			
LIABILITY		"Auto" Only \$	Other Than "Auto" Only \$	Other Than "Auto" only \$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT			\$	
MEDICAL PAYMENTS		\$			\$	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ PER WEEK EACH PERSON			\$	
UNINSURED MOTORISTS		\$			\$	
UNDERINSURED MOTORISTS		\$			\$	
COMPREHENSIVE	G A R A G E C O V E R A G E	\$ EACH LOCATION MINUS DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$	
SPECIFIED CAUSES OF LOSS		\$ EACH LOCATION MINUS \$ DED. FOR ALL PERILS FOR EACH CUSTOMER'S AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			\$	
COLLISION		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.			\$	
COMPREHENSIVE	P H Y S I C A L C O V E R A G E	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. (See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. (See Supplementary Schedule for Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. (See Supplementary Schedule For Dealers "Autos" and "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".			\$	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION						
					TOTAL PREMIUM ITEM TWO	\$
					PREMIUM FOR ENDORSEMENTS	\$
						\$
						\$
						\$
CO. USE ONLY					ESTIMATED TOTAL POLICY PREMIUM	\$

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By \_\_\_\_\_

Authorized Representative

**COVERED AUTOS**

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.





# PENN NATIONAL INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

## GARAGE COVERAGE FORM (Cont'd) AUTO DEALERS SUPPLEMENTARY SCHEDULE

POLICY NO:

### ITEM THREE. LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOC. NO.	ADDRESS: State Your Main Business Location As Location No. 1.

### ITEM FOUR. LIABILITY COVERAGE - PREMIUMS

LOC. NO.	Classes Of Operators (See Definitions On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
	Class I - Employees Regular Operators					\$	\$	\$	\$
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
	Class I - Employees Regular Operators					\$	\$	\$	\$
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
TOTAL PREMIUMS						\$	\$		

### ITEM FIVE. LIABILITY COVERAGE FOR YOUR CUSTOMERS

In accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage, Liability Coverage for your customers is limited unless indicated below by "X".

☐ If this box is checked Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage does not apply.

### ITEM SIX. GARAGEKEEPERS COVERAGES AND PREMIUMS

LOC. NO.	Coverages	Limit Of Insurance For Each Location (Absence Of A limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)	PREMIUM FOR ALL LOCATIONS
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS FOR EACH CUSTOMER'S AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	\$
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS FOR EACH CUSTOMER'S AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	\$
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
TOTAL PREMIUM ITEM SIX			\$

### DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE.** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE.** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

### ITEM SEVEN. Physical Damage Coverage - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS.

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale.
Comprehensive						
Specified Causes Of Loss						
Collision						

## DEFINITIONS

### ITEM FOUR.

#### Class I - Employees

- Regular Operator** - Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others** - All other "employees".

**NOTE:** 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.

2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

#### Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

### ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos".

\$ In transit.

**PREMIUM BASIS** -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

**REPORTING BASIS** (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

#### YOUR REPORTING BASIS IS:

**QUARTERLY** - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

**MONTHLY** - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

**NONREPORTING BASIS.** Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



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Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

## GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

POLICY NO:

### ITEM SEVEN. CONTINUED, PHYSICAL DAMAGE COVERAGE

LOC. NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION			RATES	PREMIUM
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM			\$	\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$	\$
		\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM			\$	\$
Specified Causes Of Loss		SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$	\$
	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.					
ALL	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.			Adjustment Factor	Premium
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		
						\$
TOTAL PREMIUM ITEM SEVEN					\$	

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos" \$ In transit.

PREMIUM BASIS-REPORTING (QUARTERLY OR MONTHLY) or NONREPORTING (Indicate basis agreed upon by "X". - See page 2 for explanation)

YOUR REPORTING BASIS IS: ☐ QUARTERLY ☐ MONTHLY ☐ NONREPORTING

### ITEM EIGHT. MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium	\$
Premises And Operations Medical Payments. (Does Not Apply To Bodily Injury Caused By Any Auto.)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises and Operations And Auto Medical Payments	Premises and Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
TOTAL PREMIUM ITEM EIGHT		\$

### ITEM NINE. SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

Covered Auto No.	DESCRIPTION			CLASSIFICATION					
	Year Model; Trade Name; Body Type, Serial Number(s), Vehicle Identification Number (VIN)	Size Gvw Gcw Or Vehicle Seating Capacity	Original Cost New	Business Use S = service R = retail C = commercial	Terr.	Radius Of Operation	Code	Sym/ Age	

COVERAGES - PREMIUMS AND DEDUCTIBLES (Absence of a deductible entry in any column below means that the deductible entry in the corresponding ITEM TWO column applies instead).

Covered Auto No.	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	Auto Med. Pay Premium	Med Exp Premium	Incm. Loss Premium	U.M. Premium	U.I.M. Premium	Comprehensive		Specified Causes Of Loss Premium	Collision		Towing And Labor Premium
									\$ Ded.	Premium		\$ Ded.	Premium	
Total Premium														

COVERED AUTO NO.	Person or organization to which The Covered "Auto" has been furnished (Do not include Covered "autos" which have been furnished to Class I or Class II operators)	Territory town and state where the covered "Auto" will be principally garaged if different from Location No.1 shown in ITEM THREE.

EXCEPT FOR TOWING, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE, IF ANY, NAMED ON THE ATTACHED LOSS PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



# PENN NATIONAL INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
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1-800-388-4764

## GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

### ITEM TEN

#### LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL			\$

<i>SERFF Tracking Number:</i>	<i>PNMC-125632534</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pennsylvania National Mutual Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MMP08-036</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>AR Auto Dec 0508</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125632534 State: Arkansas  
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: MMP08-036  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: AR Auto Dec 0508  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/08/2008  
**Comments:**  
**Attachment:**  
ARTrans08-036.pdf

**Satisfied -Name:** Form comparison **Review Status:** Approved 05/08/2008  
**Comments:**  
Prior and new editions attachedwith changes marked for comparison.  
**Attachments:**  
0153\_0508changeCircled.pdf  
0153\_1203ChangesMarked.pdf  
0154\_0508changecircled.pdf  
0154-1203ChangesMarked.pdf

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div><b>Check #:</b> <b>Amount:</b></div> <div><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></div>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## DECLARATIONS

POLICY NO:

GARAGE  
COVERAGE FORM  
NON-ASSESSABLEPENN NATIONAL  
INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

- ☐ PA NATIONAL MUTUAL CAS. INS. CO.  
☐ PENN NATIONAL SECURITY INS. CO.

BRANCH OFFICE		IN LIEU OF	
ITEM ONE	Insured's Name and Mailing Address (If Individual, Last Name First)		COMPANY USE ONLY
		COMPANY USE ONLY	
POLICY PERIOD: From: To: 12:01 A.M. Standard Time at your mailing address shown above.			
A G E N C Y			AGENCY NUMBER
			ISSUING DATE
			PRODUCER I.D.

FORM OF BUSINESS: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ OTHER

NAMED INSURED'S BUSINESS:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS	LIMIT			PREMIUM	
		Each "Accident" "Garage Operations"	Aggregate- "Garage Operations"			
LIABILITY		"Auto" Only \$	Other Than "Auto" Only \$	Other Than "Auto" only \$	\$	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT			\$	
MEDICAL PAYMENTS		\$			\$	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ PER WEEK EACH PERSON			\$	
UNINSURED MOTORISTS		\$			\$	
UNDERINSURED MOTORISTS		\$			\$	
COMPREHENSIVE	G A R A G E C O V E R A G E	\$ EACH LOCATION MINUS DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ EACH LOCATION MINUS \$ DED. FOR ALL PERILS FOR EACH CUSTOMER'S AUTO SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			\$	
SPECIFIED CAUSES OF LOSS					\$	
COLLISION		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.			\$	
COMPREHENSIVE	P H Y S I C A L C O V E R A G E D A M A G E	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. (See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. (See Supplementary Schedule for Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. (See Supplementary Schedule For Dealers "Autos" and "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$	
TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".			\$	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION						
					TOTAL PREMIUM ITEM TWO	\$
					PREMIUM FOR ENDORSEMENTS	\$
						\$
						\$
						\$
CO. USE ONLY					ESTIMATED TOTAL POLICY PREMIUM	\$

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By \_\_\_\_\_

Authorized Representative

**COVERED AUTOS**

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.



## DECLARATIONS

## POLICY NO:

GARAGE  
COVERAGE FORM  
NON-ASSESSABLE
**PENN NATIONAL  
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

- ☐ PA NATIONAL MUTUAL CAS. INS. CO.  
☐ PENN NATIONAL SECURITY INS. CO.

BRANCH OFFICE

IN LIEU OF

ITEM ONE Insured's Name and Mailing Address (If Individual, Last Name First)

COMPANY USE ONLY

COMPANY USE ONLY

POLICY PERIOD: From: To:  
12:01 A.M. Standard Time at your mailing address shown above.

A  
G  
E  
N  
C  
Y

AGENCY NUMBER

ISSUING DATE

PRODUCER I.D.

FORM OF BUSINESS: ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ OTHER

NAMED INSURED'S BUSINESS:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES		COVERED AUTOS	LIMIT		PREMIUM
			Each "Accident" "Garage Operations"	Aggregate- "Garage Operations"	
			"Auto" Only	Other Than "Auto" Only	
			\$	\$	\$
LIABILITY			SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.		\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$
MEDICAL PAYMENTS			\$		\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)			SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ EACH PERSON		\$
UNINSURED MOTORISTS			\$		\$
UNDERINSURED MOTORISTS			\$		\$
COMPREHENSIVE	G A R A G E C O V E R A G E		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT		\$
SPECIFIED CAUSES OF LOSS					\$
COLLISION			\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.		\$
COMPREHENSIVE	P H Y S I C A L D A M A G E		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. (See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.		\$
SPECIFIED CAUSES OF LOSS			ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. (See Supplementary Schedule for Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.		\$
COLLISION			ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. (See Supplementary Schedule For Dealers "Autos" and "Autos" Held For Sale By Trailer Dealers And Non-Dealers.		\$
TOWING AND LABOR			\$ For Each Disablement Of A Private Passenger "Auto".		\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION			TOTAL PREMIUM ITEM TWO		\$
			PREMIUM FOR ENDORSEMENTS		\$
					\$
					\$
					\$
CO. USE ONLY			ESTIMATED TOTAL POLICY PREMIUM		\$

Added: For Each  
Customers Auto

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By \_\_\_\_\_

Authorized Representative

## COVERED AUTOS

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.

POLICY NUMBER		POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY	P				
		FROM	TO							
						00				
AUTO	ST	TER	YR	DESCRIPTION	SERIAL NUMBER	AGE	COST SYM	CLASS	STATED AMOUNT	
AUTO	RAD	USE	SIZE/SEAT	INCM LOSS	MED EXP	LIMIT	LIABILITY PREM	PIP PREM	ADDED PIP	
AUTO	MEDICAL PAYMENTS LIMIT		PREM		UNINSURED MTRST LIMIT	PREM	UNDERINSURED MTRST LIMIT	PREM	COMPREHENSIVE DEDUCTIBLE	PREM
AUTO	SPECIFIED CAUSES OF LOSS DEDUCTIBLE		PREM		COLLISION DEDUCTIBLE	PREM	TOWING & LABOR LIMIT	PREM	OTHER PREM	TOTAL PREM

**RAD.** Means RADIUS OF OPERATION

**DED.** Means DEDUCTIBLE

**TER:** Town and State Where the Covered Auto will be principally garaged.

Except for towing, all physical damage loss is payable to you and the loss payee, if any named on the attached loss payable clause(s) as interests may appear at the time of the loss.



# PENN NATIONAL INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

## GARAGE COVERAGE FORM (Cont'd) AUTO DEALERS SUPPLEMENTARY SCHEDULE

POLICY NO:

### ITEM THREE. LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOC. NO.	ADDRESS: State Your Main Business Location As Location No. 1.

### ITEM FOUR. LIABILITY COVERAGE - PREMIUMS

LOC. NO.	Classes Of Operators (See Definitions On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
	Class I - Employees Regular Operators					\$	\$	\$	\$
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
	Class I - Employees Regular Operators					\$	\$	\$	\$
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
TOTAL PREMIUMS						\$	\$		

### ITEM FIVE. LIABILITY COVERAGE FOR YOUR CUSTOMERS

In accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage, Liability Coverage for your customers is limited unless indicated below by "X".

☐ If this box is checked Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage does not apply.

### ITEM SIX. GARAGEKEEPERS COVERAGES AND PREMIUMS

LOC. NO.	Coverages	Limit Of Insurance For Each Location (Absence Of A limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)	PREMIUM FOR ALL LOCATIONS
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS <del>FOR EACH CUSTOMER'S AUTO</del> SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	\$
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR \$ MINUS \$ DEDUCTIBLE FOR ALL PERILS <del>FOR EACH CUSTOMER'S AUTO</del> SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	\$
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
TOTAL PREMIUM ITEM SIX			\$

### DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE.** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE.** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

### ITEM SEVEN. Physical Damage Coverage - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS.

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale.
Comprehensive						
Specified Causes Of Loss						
Collision						

## DEFINITIONS

### ITEM FOUR.

#### Class I - Employees

- Regular Operator** - Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others** - All other "employees".

**NOTE:** 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.

2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

#### Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

### ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos".

\$ In transit.

**PREMIUM BASIS** -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

**REPORTING BASIS** (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

#### YOUR REPORTING BASIS IS:

**QUARTERLY** - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

**MONTHLY** - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

**NONREPORTING BASIS.** Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



# PENN NATIONAL INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

## GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

POLICY NO:

### ITEM SEVEN. CONTINUED, PHYSICAL DAMAGE COVERAGE

LOC. NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION			RATES	PREMIUM
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$	\$
	Specified Causes Of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS <u>FOR EACH COVERED AUTO</u> SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			\$	\$
	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$	\$
	Specified Causes Of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS <u>FOR EACH COVERED AUTO</u> SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.			\$	\$
ALL	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.			Adjustment Factor	Premium
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		
						\$
					TOTAL PREMIUM ITEM SEVEN	
					\$	

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos" \$ In transit.

PREMIUM BASIS-REPORTING (QUARTERLY OR MONTHLY) or NONREPORTING (Indicate basis agreed upon by "X". - See page 2 for explanation)

YOUR REPORTING BASIS IS: ☐ QUARTERLY ☐ MONTHLY ☐ NONREPORTING

### ITEM EIGHT. MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium	\$
Premises And Operations Medical Payments. (Does Not Apply To Bodily Injury Caused By Any Auto.)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises and Operations And Auto Medical Payments	Premises and Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
		TOTAL PREMIUM ITEM EIGHT
		\$

### ITEM NINE. SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

Covered Auto No.	DESCRIPTION			CLASSIFICATION					
	Year Model; Trade Name; Body Type, Serial Number(s), Vehicle Identification Number (VIN)	Size Gvw Gcw Or Vehicle Seating Capacity	Original Cost New	Business Use S = service R = retail C = commercial	Terr.	Radius Of Operation	Code	Sym/ Age	

COVERAGES - PREMIUMS AND DEDUCTIBLES (Absence of a deductible entry in any column below means that the deductible entry in the corresponding ITEM TWO column applies instead).

Covered Auto No.	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	Auto Med. Pay Premium	Med Exp Premium	Incm. Loss Premium	U.M. Premium	U.I.M. Premium	Comprehensive		Specified Causes Of Loss Premium	Collision		Towing And Labor Premium
									\$ Ded.	Premium		\$ Ded.	Premium	
Total Premium														

COVERED AUTO NO.	Person or organization to which The Covered "Auto" has been furnished (Do not include Covered "autos" which have been furnished to Class I or Class II operators)	Territory town and state where the covered "Auto" will be principally garaged if different from Location No.1 shown in ITEM THREE.

EXCEPT FOR TOWING, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE, IF ANY, NAMED ON THE ATTACHED LOSS PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



# PENN NATIONAL INSURANCE

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
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1-800-388-4764

## GARAGE COVERAGE FORM (Continued) AUTO DEALERS SUPPLEMENTARY SCHEDULE

### ITEM TEN

#### LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL			\$



# PENN NATIONAL INSURANCE

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Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4764

## GARAGE COVERAGE FORM (Cont'd) AUTO DEALERS SUPPLEMENTARY SCHEDULE

POLICY NO:

### ITEM THREE. LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOC. NO.	ADDRESS: State Your Main Business Location As Location No. 1.

### ITEM FOUR. LIABILITY COVERAGE - PREMIUMS

LOC. NO.	Classes Of Operators (See Definitions On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
	Class I - Employees Regular Operators								
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25					\$	\$	\$	\$
	Class II - Non-Employees Age 25 Or Over								
	Class I - Employees Regular Operators								
	Class I - Employees All Others					\$	\$	\$	\$
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
TOTAL PREMIUMS						\$	\$		

### ITEM FIVE. LIABILITY COVERAGE FOR YOUR CUSTOMERS

In accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage, Liability Coverage for your customers is limited unless indicated below by "X".

☐ If this box is checked Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage does not apply.

### ITEM SIX. GARAGEKEEPERS COVERAGES AND PREMIUMS

LOC. NO.	Coverages	Limit Of Insurance For Each Location (Absence Of A limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)				PREMIUM FOR ALL LOCATIONS
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM		\$
	Specified Causes Of Loss	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$	MAXIMUM DEDUCTIBLE FOR ALL PERILS	\$
	Collision	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM		\$
	Specified Causes Of Loss	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$	MAXIMUM DEDUCTIBLE FOR ALL PERILS	\$
	Collision	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$
TOTAL PREMIUM ITEM SIX						\$

### DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **EXCESS INSURANCE.** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **PRIMARY INSURANCE.** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

### ITEM SEVEN. Physical Damage Coverage - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS.

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale.
Comprehensive						
Specified Causes Of Loss						
Collision						

## DEFINITIONS

### ITEM FOUR.

#### Class I - Employees

- Regular Operator - Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others - All other "employees".

- NOTE: 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

#### Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

### ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos".

\$ In transit.

PREMIUM BASIS -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

REPORTING BASIS (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

#### YOUR REPORTING BASIS IS:

**QUARTERLY** - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

**MONTHLY** - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

**NONREPORTING BASIS.** Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.

**GARAGE COVERAGE FORM (Continued)**  
**AUTO DEALERS SUPPLEMENTARY SCHEDULE**

ITEM SEVEN, CONTINUED, PHYSICAL DAMAGE COVERAGE

Added: For Each Covered Auto

Our limit of insurance for " loss" at locations other than those stated in ITEM THREE.

\$	Additional locations where you store covered "autos"	\$	In transit.
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**PREMIUM BASIS-REPORTING (QUARTERLY OR MONTHLY) or NONREPORTING** (indicate basis agreed upon by "X". - See page 2 for explanation)

YOUR REPORTING BASIS IS: ☐ QUARTERLY ☐ MONTHLY ☐ NONREPORTING

ITEM EIGHT. MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

ITEM NINE. SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

COVERAGES - PREMIUMS AND DEDUCTIBLES (Absence of a deductible entry in any column below means that the deductible entry in the corresponding ITEM TWO column applies instead).

COVERED AUTO NO.	Person or organization to which The Covered "Auto" has been furnished (Do not include Covered "autos" which have been furnished to Class I or Class II operators)	Territory town and state where the covered "Auto" will be principally garaged if different from Location No.1 shown in ITEM THREE.

EXCEPT FOR TOWING, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE, IF ANY, NAMED ON THE ATTACHED LOSS PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



**PENN NATIONAL  
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company  
Penn National Security Insurance Company  
P.O. Box 2361  
Harrisburg, PA 17105-2361  
1-800-388-4784

**GARAGE COVERAGE FORM (Continued)**  
**AUTO DEALERS SUPPLEMENTARY SCHEDULE**

**ITEM TEN**

**LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY**

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL			\$